

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/25/2021
NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOUSE 3-A		STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
9 000	INITIAL COMMENTS A relicensing survey was conducted by the Office of Health Care Assurance from August 24, 2021 to August 25, 2021. The facility was found not to be in substantial compliance with Title 11, Chapter 99, Subchapter 1, Small Intermediate Care Facilities for Individuals with Intellectual Disabilities. Survey Census: 3	9 000		
9 151	11-99-15(b) INFECTION CONTROL There shall be appropriate policies and procedures written and implemented for the prevention and control of infections and the isolation of infectious residents. This Statute is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure the implementation of appropriate protective and preventative health measures to control the spread of communicable diseases and infections. Findings include: 1) On 08/24/21 at 08:30 AM, upon entering the facility this surveyor observed more than 10 staff and contract vendors standing within 1-2 feet of each other outside the facility's main entrance door. Vendor (V)1 was not wearing a mask and V2's mask was pulled down under his chin, exposing his mouth and nose. Inquired with V1, V2, and the staff regarding V1 not wearing a mask and V2 not wearing a mask appropriately. V1 stated the group was outside, however, they were not observing appropriate distancing between individuals.	9 151		

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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9 151	<p>Continued From page 1</p> <p>At approximately 09:00 AM, observed V2 walking from an area in the main office where multiple clients were located. V2's mask was pulled down around his chin, exposing his mouth and nose. When V2 saw this surveyor, he pulled his mask up and covered his mouth and nose.</p> <p>Observed V2 at approximately 12:30 PM, in the main office, standing approximately 1-2 feet away from multiple staff and approximately 4 feet from a Client (C)7 who lives in another house and works at the main office as a screener. Once again, V2's mask was pulled down under his chin, exposing his nose and mouth. Registered Nurse (RN)1 also observed V2's mask under his chin and confirmed V2 was not wearing the mask appropriately. V2 was counseled and informed a mask should be worn appropriately.</p> <p>Immediately after addressing V2, RN1 and this surveyor observed Staff (S)1 walk into the employee kitchen area without a mask on and was not eating or drinking. RN1 confirmed staff was not implementing proper infection control practices and immediately informed S1 that staff are expected to always wear a face mask, unless staff are actively eating or drinking.</p> <p>2) During observations at House 3A on 08/24/21 at 3:26 PM, observed an article of clothing (either pants or shorts) in a basin located in the laundry room. Inquired with Staff (S)3 about the clothing in the basin. S3 stated Client (C)3 had an accident (soiled both urine and feces). At 3:40 PM, S3 entered the laundry room and proceeded to rinse out the soiled clothing in water and was not wearing gloves. On 08/25/21 12:05 PM, shared observations with RN1. RN1 confirmed at minimum, S3 should have worn protective gloves</p>	9 151		

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9 151	Continued From page 2 while handling soiled clothing. 3) On 08/25/21 at 09:40 AM, upon entering the facility's main office, observed V3 and V4 enter the facility's main office with a facility staff. Observed C7 take V3 and V4's temperature, however, they did not answer the facility's screening questions and did not properly sign into the facility. Inquired with C7 if the two vendors signed in and answer the screening questions. C7 stated "No they did not but they probably should have". Reviewed of the sign-in book further confirmed V3 and V4 did not sign-in appropriately. C7 then proceeded to complete the screening process with V3 and V4. During an interview with RN1 on 08/25/21 at 12:05 PM, shared observations with RN1. RN1 confirmed all visitors are required to properly sign-in and be screened for signs and symptoms of COVID-19 before entering the facility	9 151		